variables base case were robust in an interval of ± 20%. **CONCLUSIONS:** Viscosupplementation is a cost-saving alternative for for the treatment of moderate osteoarthritis of knee compared to arthroscopy/lavage in the perspective of Brazilian's Private Sector.

PMS10

ECONOMIC BURDEN OF RHEUMATOID ARTHRITIS IN BRAZILIAN PRIVATE HEALTH SYSTEM

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OBJECTIVES: Assess RA health care resource utilization in a sample of Brazilian private health system beneficiaries. **METHODS:** Three Health Management Organization (HMOs) databases were analyzed retrospectively, involving 1,057,033 people, corresponding to approximately 3% of total private health system beneficiaries in Brazil. The analysis was done in 35 months (from January 2004 to November 2007). The following health care resources were considered: clinical appointment, hospitalization, emergency service, drugs and laboratory exams. All RA patients were compared to non-RA patients in terms of health care resource usage. **RESULTS:** From 1,057,033 people analyzed, 4,817 (0.46%) were classified as having RA, being the prevalence rate among women and men 3.5: 1. Those patients concentrated 4.8% of the total costs of whole population analyzed. The cost per month/per member (cost pm/pm) of RA patients was 6.6 times higher than non-RA population. In addition, RA patients, compared to non-RA patients, demonstrated 3.4 and 13 times higher clinical appointments and hospitalization, respectively. Considering other chronic diseases (hypertension, heart failure, asthma, bronchitis and diabetes mellitus patients), RA patients demonstrated 1.4 and 3.1 times higher clinical appointments and hospitalization, respectively. Comorbiditidy was associated to 33% of RA patients, mainly cardiovascular disorders (CVD). **CONCLUSIONS:** Our results reinforce the international literature data demonstrating that despite 0.46% prevalence, RA has high individual cost (concentrating 4.8% of total costs of whole population analyzed) due to multifactor variables, including pharmaceutical assistance and comorbidities. Regarding health care resources the study showed that RA patients had a higher utilization than non- RA patients, confirming the literature about the important cost of the disease in the clinical practice. In addition we suggest an important association between RA and comorbidities, especially CVD. In conclusion, RA may require specific strategies by decision makers to optimize its management and reduce cost.

MUSCULAR-SKELETAL DISORDERS – Patient-Reported Outcomes Studies

PMS11

PERCEPTIONS OF TREATMENT OUTCOMES AMONG NEW USERS OF TNF ANTAGONISTS FOR THE TREATMENT OF RHEUMATOID ARTHRITIS

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OBJECTIVES: To assess whether patients with rheumatoid arthritis (RA) who are newly initiated on tumor necrosis factor (TNF) antagonists adalimumab, etanercept, and infliximab perceive differences in treatment outcomes. **METHODS:** Study data were derived from the 2006 RA Survey (Waves 7 and 8), a nationally (United States) representative survey of adults with RA conducted by Consumer Health Sciences International. Only patients currently taking TNF antagonists were included. Patients with prior self-reported TNF-antagonist use were excluded to avoid potential response bias. Responses to 19 questions on various aspects of treatment related to effectiveness, safety, and patient convenience were collected and converted from an ordered-response scale to a binary scale (1 = favorable response ["strongly agree" or "agree"] vs. 0 = nonfavorable response ["neither agree nor disagree," "disagree," or "strongly disagree"]). Chi-square tests identified significant differences between treatments in the percentages of patients reporting favorable responses ($p < 0.05$), and odds ratios (ORs) were determined using logistic regression, with controls for age and duration of RA. **RESULTS:** The study sample included 303 patients currently taking adalimumab (n = 83), etanercept (n = 133), or infliximab (n = 87). The odds of reporting favorable outcomes were approximately 2 times greater with adalimumab vs. etanercept for convenience (OR = 1.96), no long-term risks (OR = 1.93), no short-term adverse effects (OR = 1.84), symptom relief within 2 weeks (OR = 1.98), and increased energy within 2 weeks (OR = 2.29). The odds of reporting favorable outcomes with adalimumab vs. infliximab were greater for convenience (OR = 2.78,) and no long-term risks (OR = 2.27). The odds of reporting favorable outcomes with infliximab vs. etanercept differed only for symptom relief within 2 weeks (OR = 2.27) and increased energy within 2 weeks (OR = 2.21, $p < 0.05$ for all comparisons). **CONCLUSIONS:** RA patients initiating TNF-antagonist therapy perceived adalimumab to be more convenient than etanercept or infliximab. Adalimumab was also perceived to offer rapid symptom relief and fewer risks compared with etanercept, and fewer long-term risks vs. infliximab.

PMS12

USTEKINUMAB RESULTS: IN RAPID, SUSTAINED AND CLINICALLY MEANINGFUL IMPROVEMENTS IN PHYSICAL DISABILITY AND QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS: FROM A RANDOMIZED AND PLACEBO-CONTROLLED PHASE II TRIAL

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OBJECTIVES: To examine the treatment effect of ustekinumab on physical disability and QoL in PsA patients using data from a phase II trial. **METHODS:** Patients with active PsA were randomized to ustekinumab 90mg/63mg (n = 76) at wks0, 1, 2, and 3, followed by placebo at wks12 and 16, or placebo at wks0, 1, 2, and 3, followed by ustekinumab 63mg at wks12 and 16 (n = 70). Physical disability was assessed using the disability index from the HAQ (0:no difficulty to 3: unable to do) and DLQI (range: 0–30) assessed QoL. Clinically meaningful improvement was defined as a 0.25-point improvement in the disability index, and a 5-point improvement in the DLQI. Continuous variables were compared using ANOVA on the van der Waerden normal scores. Binary endpoints were compared using Chi-square test. **RESULTS:** Baseline PsA patients had moderate physical disability (mean disability index 1.0) and impaired QoL (mean DLQI 11.5). Ustekinumab-treated patients demonstrated significant improvement in physical disability as early as 1wk after the first dose. After 4 treatments at wks0, 1, 2 and 3, 60% of patients in the ustekinumab group vs. 28% in the placebo group achieved clinically meaningful improvement in disability (HAQ responders) at wk12 ($p < 0.001$), and the mean reduction in disability index at wk12 was 0.31 in the ustekinumab group vs. –0.04 in the placebo group ($p < 0.001$). At wk12, 67.0% of HAQ responders maintained response through wk36. 60.3% of patients in the ustekinumab group vs. 23.6% in the placebo group achieved a clinically meaningful improvement in QoL (DLQI responders) at wk12 ($p < 0.001$). At wk12, 45.2% of DLQI responders in the ustekinumab group maintained response through wk36. Patients in the placebo group who crossed over to ustekinumab at wk12 and 16 improved in disability and QoL at wk36 similar in magnitude to those initially randomized to ustekinumab. **CONCLUSIONS:** Ustekinumab significantly improved physical disability and QoL in patients with PsA.

NEUROLOGICAL DISORDERS – Cost Studies

PND2

BUDGET IMPACT ANALYSIS OF FIXED DOSAGE COMBINATION (FDC) OF LEVODOPA/CARBIDOPA/ENTACAPONE IN PARKINSON DISEASE TREATMENT BY DISTRITO FEDERAL PUBLIC HEALTH CARE SYSTEM

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OBJECTIVES: To determine the budget impact of incorporating levodopa/carbidopa/entacapone FDC in Distrito Federal's public reimbursement system for Parkinson disease treatment. **METHODS:** In present analysis, it was considered the quantity reimbursed for Distrito Federal in 2007 in Parkinson Disease treatment, based on DATASUS (National public health care database). Results were converted in US Dollars (R$2.27/USD 1.00). It was considered the medications costs used in Distrito Federal's bidding: USD 0.04/tablet for both combinations of levodopa/carbidopa; USD 0.53/tablet for both combinations of levodopa/benserazide; USD 0.95/tablet for entacapone. Levodopa/benserazide's presentations have different prices, however to simplify the analysis, we took the price of the most used presentation (78% in units) and considered it for both. According to DATASUS, considering all levodopas' combinations reimbursed in Distrito Federal in 2007, 62% was levodopa/carbidopa and 38% was levodopa/benserazide. The price of all levodopa/carbidopa/entacapone FDC's were fixed in USD 0.97/tablet. A one-way sensitivity analysis was performed. **RESULTS:** In Distrito Federal, the quantities reimbursed in 2007 for entacapone were 43,380 and for all levodopas' combinations were 395,510. Considering the prices used in Distrito Federal's bidding, the total of expenses was US$131,311. In this scenario, if levodopa/carbidopa/entacapone FDC is used in the place of free dosage combinations, then the total of expenses was estimated in US$122,369. The sensitivity analysis on cost variables in an interval of ± 20% was robust with the base analysis. **CONCLUSIONS:** This budget impact analysis showed a potential economy of US$8942 if levodopa/carbidopa/entacapone FDC is incorporated in Distrito Federal's public reimbursement system. Besides, the use of FDC can provide higher adherence of patients to the treatment, once it is easier administrating one tablet instead of two or more; the patients prefer to take less quantity of tablets; the switches of dosage are easier.

PND3

BUDGET IMPACT ANALYSIS OF FIXED DOSAGE COMBINATION (FDC) OF LEVODOPA/CARBIDOPA/ENTACAPONE IN PARKINSON DISEASE TREATMENT BY SÃO PAULO PUBLIC HEALTH CARE SYSTEM

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OBJECTIVES: To determine the budget impact of incorporating levodopa/carbidopa/entacapone FDC in São Paulo's public reimbursement system for Parkinson disease treatment. **METHODS:** In present analysis, it was considered the quantity reimbursed